



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
 OFFICE OF INTERGOVERNMENTAL SERVICES
VICTIM JUSTICE AND ASSISTANCE PROGRAM
 VICTIMS OF CRIME (VOCA)
ANNUAL PERFORMANCE NARRATIVE REPORT

REPORT PERIOD: 10/01/ to 09/30/

SUB GRANT ORGANIZATION			
SUB GRANT NUMBER		AUTHORIZED OFFICIAL	
TYPE OF ORGANIZATION	Select One	Specify Other	
1. TOTAL PROGRAM BUDGET	2. VOCA SUBGRANT AMOUNT	3. VOLUNTEERS	4. VOLUNTEER HOURS
5. PERFORMANCE NARRATIVE QUESTIONS			
For services supported in whole or in part by your VOCA subgrant, provide examples or summaries of your program accomplishments and challenges in these areas:			
A. What does your VOCA subgrant allow you to do that you wouldn't be able to do without this funding?			
B. Briefly describe efforts to promote coordinated public and private initiatives within the community to aid crime victims.			
C. Briefly describe efforts taken to serve federal crime victims, i.e. coordination etc.			
D. Describe, if applicable, any efforts supported in whole or in part by your VOCA subgrant to meet the unique needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges.			
E. Identify any emerging issues or notable trends impacting crime victim services in your area.			
F. Please share your experiences and those of your clients with the Arkansas Victim Compensation process, including what activities you have found to be particularly effective and any suggestions you may have for improvements.			



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G. Please provide a complete description of the efforts taken within your community during the project period to coordinate various services for crime victims between nonprofit and governmental organizations.

H. Describe the direct victim services and/or activities your subgrant set out to provide and whether or not your intended goals were accomplished. Be sure to include the method/tools used in determining the outcome.

I. Provide any additional information that you would like us to know about your VOCA supported project and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.

The undersigned hereby certifies that all statements, information and disclosures made herein have been reviewed in its entirety and are true and accurate. Furthermore, the undersigned accepts that this certification shall be treated as a material representation of fact upon which reliance will be placed by the State of Arkansas, Department of Finance and Administration.

Name and Title of Authorized Official

Authorized Official Signature

Date